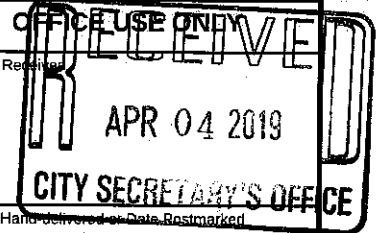


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 48
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Vanessa		
	NICKNAME LAST SUFFIX Steinkamp		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1313 Ashford Court  Colleyville, TX 76034		Date Hand Delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Frederick C.		
	NICKNAME LAST SUFFIX Tate		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1005 Glade Road, Suite 145, Colleyville, TX 76034		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 405-7719		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year    02/08/2019    THROUGH    Month Day Year    03/25/2019		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Colleyville City Council, Place 2

GO TO PAGE 2

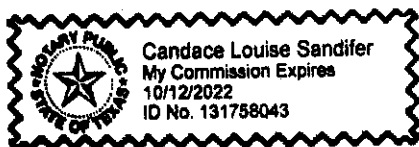
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 48

13 C / OH NAME Steinkamp, Vanessa		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 98.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,765.60
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3,953.19
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,574.01
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1.00

## 17 AFFADAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vanessa Steinkamp, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering

Candace Sandifer  
Printed name of officer administering

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 48

**18 FILER NAME**

Steinkamp, Vanessa

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,123.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,642.60
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 550.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,201.92
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 201.14
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.14

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/17 Rpt: 4/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/20/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code 5109 Preservation Avenue  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Homemaker
Date 02/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Brian <hr/> Contributor address; City; State; Zip Code 3908 Stonehaven Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Bioreference
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Michelle <hr/> Contributor address; City; State; Zip Code 3908 Stonehaven Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Medical Services Rep		Employer (See Instructions) Nevro
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Mandie <hr/> Contributor address; City; State; Zip Code 7113 Waldon Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) GCISD
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Tari <hr/> Contributor address; City; State; Zip Code 609 Colts Neck Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) First United Methodist Church

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/48
2 FILER NAME Steinkamp, Vanessa		3 Filer ID
4 Date 02/10/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdwell, Courtney 6 Contributor address; City; State; Zip Code 305 Oak Crest Hill Drive Colleyville, TX 76034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Exansoft
Date 03/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Laura Contributor address; City; State; Zip Code 164 Leonard Wood South Unit 211 Highland Park, IL 60035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Laura Contributor address; City; State; Zip Code 164 Leonard Wood South Unit 211 Highland Park, IL 60035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 02/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Chase Contributor address; City; State; Zip Code 1004 W Irvine Road Phoenix, AZ 85086	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) BBVA Compass Bank
Date 03/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchwald, Trip Contributor address; City; State; Zip Code 1309 Ashford Court Colleyville, TX 76034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) State Farm

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/17 Rpt: 6/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/10/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bundy, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code 4604 Mill Wood Drive  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Commercial Banker		<b>9</b> Employer (See Instructions) Legacy Texas Bank
Date 03/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Nancy <hr/> Contributor address; City; State; Zip Code 6621 Whittier Lane  Colleyville, TX 76034	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Rachel <hr/> Contributor address; City; State; Zip Code 200 White Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Texas Health
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa Beatty, Catherine <hr/> Contributor address; City; State; Zip Code 1803 Denison Road  Naperville, IL 60565	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Invesco
Date 02/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Leslie <hr/> Contributor address; City; State; Zip Code 101 Mill Valley Drive West  Colleyville, TX 76034	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) DOT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/17 Rpt: 7/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/12/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denson, Emily <hr/> <b>6</b> Contributor address; City; State; Zip Code 5309 Rustic Trail  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Entrepreneur		<b>9</b> Employer (See Instructions) Entrepreneur
<b>Date</b> 03/23/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DiGaetano, Jennifer <hr/> <b>Contributor address; City; State; Zip Code</b> 101 Mill Crossing East  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Homemaker		<b>Employer (See Instructions)</b> Homemaker
<b>Date</b> 02/11/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Dawn <hr/> <b>Contributor address; City; State; Zip Code</b> 2804 Walnut Lane  Hurst, TX 76054	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Vice President		<b>Employer (See Instructions)</b> Kastner Land Services
<b>Date</b> 02/12/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Mia <hr/> <b>Contributor address; City; State; Zip Code</b> 1022 Lakeridge Court  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b> Independent Consultant Lawyer		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 03/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Thoai <hr/> <b>Contributor address; City; State; Zip Code</b> 3404 Middleton Way  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Analyst		<b>Employer (See Instructions)</b> Citi

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/17 Rpt: 8/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/22/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duanhoe, Danielle <hr/> <b>6</b> Contributor address; City; State; Zip Code 1620 Dorset Drive  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) American		<b>9</b> Employer (See Instructions) Flight Attendant
Date 02/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Caroline <hr/> Contributor address; City; State; Zip Code 5108 Apple Valley Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Caroline <hr/> Contributor address; City; State; Zip Code 5108 Apple Valley Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 02/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Cole <hr/> Contributor address; City; State; Zip Code 5108 Apple Valley  Colleyville, TX 76034	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Whitney Penn
Date 03/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fersing, Jan <hr/> Contributor address; City; State; Zip Code 3800 Trailwood Lane  Fort Worth, TX 76109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/17 Rpt: 9/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/10/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Erica <hr/> <b>6</b> Contributor address; City; State; Zip Code 2600 Jenny Lane  Euless, TX 76039	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) BrightView Landscape Services
<b>Date</b> 02/14/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghalibaf, Cindy <hr/> <b>Contributor address; City; State; Zip Code</b> 5700 Miramar Lane  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 03/24/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Kelley <hr/> <b>Contributor address; City; State; Zip Code</b> 6115 Theresa Lane  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Technology Manager		<b>Employer (See Instructions)</b> Adobe
<b>Date</b> 03/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsberry, Jenyphr <hr/> <b>Contributor address; City; State; Zip Code</b> 204 Mill Wood Drive  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Nurse		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 02/12/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons, Liz <hr/> <b>Contributor address; City; State; Zip Code</b> 4613 Manning Drive  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>Employer (See Instructions)</b> Scout and Celler

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/17 Rpt: 10/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/20/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons, Liz <hr/> <b>6</b> Contributor address; City; State; Zip Code 4613 Manning Drive  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Self-Employed		<b>9</b> Employer (See Instructions) Scout and Celler
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Mark <hr/> Contributor address; City; State; Zip Code 1421 Douglas Avenue  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Elbit Systems of America
Date 03/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Martha <hr/> Contributor address; City; State; Zip Code 5604 Baybreeze Drive  Flower Mound, TX 75028	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Regent Insurance Group
Date 02/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Tom <hr/> Contributor address; City; State; Zip Code 1717 Avondale Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Deep Thinker		Employer (See Instructions) Self-Employed
Date 02/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hashem D.D.S, MS, Robbie <hr/> Contributor address; City; State; Zip Code 2501 Kensington Place  Colleyville, TX 76034	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Orthodontist		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 8/17 Rpt: 11/48

**2** FILER NAME

Steinkamp, Vanessa

**3** Filer ID

**4** Date  
03/20/2019

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Heitman, Megan

**7** Amount of Contribution (\$)  
\$40.00

**6** Contributor address; City; State; Zip Code  
400 Oak Crest Hill Drive  
  
Colleyville, TX 76034

**8** Principal occupation / Job title (See Instructions)

Respiratory Therapist

**9** Employer (See Instructions)

Emerus

Date  
02/11/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hewitt, Lori

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1308 Ashford Court  
  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Offering Manager

Employer (See Instructions)

IBM

Date  
03/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hickson, Andrea

Amount of Contribution (\$)  
\$40.00

Contributor address; City; State; Zip Code  
4500 Alexandra Drive  
  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker

Date  
03/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hughes, Hedi

Amount of Contribution (\$)  
\$40.00

Contributor address; City; State; Zip Code  
7305 Vanguard Court  
  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Embryologist

Employer (See Instructions)

Plano Hospital

Date  
02/11/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hunt, Chris

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4000 Stonehaven Drive  
  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Baker Botts

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/17 Rpt: 12/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/20/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Lauren <hr/> <b>6</b> Contributor address; City; State; Zip Code 4000 Stonehaven Drive  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Homemaker
Date 03/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Jessica <hr/> Contributor address; City; State; Zip Code 3102 Scarborough Lane West  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arthur J Gallagher
Date 03/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Laura <hr/> Contributor address; City; State; Zip Code 4609 Green Oaks Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jade <hr/> Contributor address; City; State; Zip Code 5517 Valley View Drive West  Colleyville, TX 76034	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) J&J Plumbing Services
Date 03/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Marvin <hr/> Contributor address; City; State; Zip Code PO Box 2356  Oxford, MS 38655	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Mississippi

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 10/17 Rpt: 13/48

**2** FILER NAME

Steinkamp, Vanessa

**3** Filer ID

**4** Date  
02/24/2019

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Knaus, Kelley

**7** Amount of Contribution (\$)  
\$25.00

**6** Contributor address; City; State; Zip Code  
313 Llyod Circle  
Colleyville, TX 76034

**8** Principal occupation / Job title (See Instructions)  
Homemaker

**9** Employer (See Instructions)  
Homemaker

Date  
02/09/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lee, Roger

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4816 Carmel Place  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
DR2Marketing

Date  
02/12/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Leopold, Sarah

Amount of Contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
1209 Somerset Boulevard  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Homemaker

Employer (See Instructions)  
Homemaker

Date  
02/24/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mastagni, Danee

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4108 Pembroke Parkway West  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Self-Employed

Date  
03/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mavis, Beverly

Amount of Contribution (\$)  
\$80.00

Contributor address; City; State; Zip Code  
4301 Greenmeadow East  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Homemaker

Employer (See Instructions)  
Homemaker

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/17 Rpt: 14/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/10/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meadows, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code 3900 Spring Hollow Street  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Artist		<b>9</b> Employer (See Instructions) Self-Employed
Date 02/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Karl <hr/> Contributor address; City; State; Zip Code 6204 Rock Dove Circle  Colleyville, TX 76034	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Karl <hr/> Contributor address; City; State; Zip Code 6204 Rock Dove Circle  Colleyville, TX 76034	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michon, Monica <hr/> Contributor address; City; State; Zip Code 3229 High Meadow Drive  Grapevine, TX 76051	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Cardlytics
Date 03/08/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Louis <hr/> Contributor address; City; State; Zip Code 6404 Talbot Trail  Colleyville, TX 76034	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 12/17 Rpt: 15/48

2 FILER NAME

Steinkamp, Vanessa

3 Filer ID

4 Date  
02/11/2019

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mishra, Iva

7 Amount of Contribution (\$)  
\$200.00

6 Contributor address; City; State; Zip Code  
217 Mill Crossing West  
Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)  
Business Coaching & Consulting

9 Employer (See Instructions)  
EQ Consulting LLC

Date  
03/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mishra, Iva

Amount of Contribution (\$)  
\$20.00

Contributor address; City; State; Zip Code  
217 Mill Crossing West  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Business Coaching & Consulting

Employer (See Instructions)  
EQ Consulting LLC

Date  
03/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mogged Jr, Charles

Amount of Contribution (\$)  
\$30.00

Contributor address; City; State; Zip Code  
1217 Tuscany Drive  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
02/11/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Nelson, Jill

Amount of Contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
608 Leta Lane  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Project Manager

Employer (See Instructions)  
Alight Solutions

Date  
03/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Nelson, John

Amount of Contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
4602 Mill Wood Drive  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)  
Realtor

Employer (See Instructions)  
Randy White RealEstate Service

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/17 Rpt: 16/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/20/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code 608 Leta Lane  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Bell Helicopter
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pechesky, Danielle <hr/> Contributor address; City; State; Zip Code 4510 Shadywood Lane  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purandare, Ajit <hr/> Contributor address; City; State; Zip Code 1109 Riverwalk Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Analyst Consultant		Employer (See Instructions) Finastra
Date 02/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Debbie <hr/> Contributor address; City; State; Zip Code 7327 Cedar Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roppolo, Sunni <hr/> Contributor address; City; State; Zip Code 4001 Windermere Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Dental Hygienist		Employer (See Instructions) Colleyville Dental Care



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/17 Rpt: 17/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/20/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code 609 Birdlewood South  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Homemaker
<b>Date</b> 02/10/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sackson, Jennifer <hr/> <b>Contributor address; City; State; Zip Code</b> 1511 Caldwell Creek Drive  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Sales & Marketing		<b>Employer (See Instructions)</b> BNSF Railway
<b>Date</b> 02/09/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Lee Anne <hr/> <b>Contributor address; City; State; Zip Code</b> 3612 Greenbriar Court  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$300.00
<b>Principal occupation / Job title (See Instructions)</b> Managing Director		<b>Employer (See Instructions)</b> Donnelley Financial
<b>Date</b> 02/12/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverman, Stacey <hr/> <b>Contributor address; City; State; Zip Code</b> 3309 Burning Drive  Grapevine, TX 76051	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Vice President		<b>Employer (See Instructions)</b> Citi
<b>Date</b> 03/23/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Valerie <hr/> <b>Contributor address; City; State; Zip Code</b> 4100 Oxford Court  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b> Philanthropist		<b>Employer (See Instructions)</b> Holloway Family Foundation

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/17 Rpt: 18/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/25/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Charlotte <hr/> <b>6</b> Contributor address; City; State; Zip Code 4312 Green Meadow Street West  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Project Manager		<b>9</b> Employer (See Instructions) PECI
Date 02/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Christy <hr/> Contributor address; City; State; Zip Code 3907 Martin Parkway  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas-Austin
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stach, Marc <hr/> Contributor address; City; State; Zip Code 3910 Stonehaven Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vaughn & Ramsey
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinkamp, Jay <hr/> Contributor address; City; State; Zip Code 1313 Ashford Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Wholesaler		Employer (See Instructions) Financial Firm
Date 02/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturgeon, Lisa <hr/> Contributor address; City; State; Zip Code 1308 Ashford Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Allstate

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/17 Rpt: 19/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/02/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swaim Sr, Floyd <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 8  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 03/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallhonrat, Paul <hr/> Contributor address; City; State; Zip Code 6510 Connie Lane  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) Harold Winks Vallhonrat LLC
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weimholt, Shannon <hr/> Contributor address; City; State; Zip Code 5600 Valley View Drive North  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Weimy Cutlery
Date 03/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Tracey <hr/> Contributor address; City; State; Zip Code 4900 Wildwood Court  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) GTFAS
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westfall, Natalie <hr/> Contributor address; City; State; Zip Code 1617 Dorset Drive  Colleyville, TX 76034	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/17 Rpt: 20/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/04/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code 212 N, Grant Street  Hinsdale, IL 60521	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Finance		<b>9</b> Employer (See Instructions) HSBC

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
Sch: 1/2 Rpt: 21/48

2 FILER NAME  
Steinkamp, Vanessa

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
03/25/2019

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Cleveland, Lauren

7 Contributor address; City; State; Zip Code  
4012 Ambleside Ct.

Colleyville, TX 76034

8 Amount of contribution (\$)  
\$750.00

9 In-kind contribution description  
Development of Campaign Logo

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  
Marketing Guru

11 Employer (FOR NON-JUDICIAL) (See instructions)  
Envision Works, Inc.

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date  
03/07/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Do, Kathy

Contributor address; City; State; Zip Code  
6400 Los Colinas Boulevard

Irving, TX 75039

Amount of contribution (\$)  
\$400.00

In-kind contribution description  
Professional/Corporate Photos

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  
Senior Analysts

Employer (FOR NON-JUDICIAL) (See instructions)  
Citi Group

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date  
03/21/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Sexton, Lee Anne

Contributor address; City; State; Zip Code  
3438 Blueberry Lane

Grapevine, TX 76051

Amount of contribution (\$)  
\$478.44

In-kind contribution description  
Food & Beverage for Kick-off Event

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  
Managing Director

Employer (FOR NON-JUDICIAL) (See instructions)  
Donnelley Financial

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 22/48	
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 03/10/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tate, Fred <b>7</b> Contributor address; City; State; Zip Code 5605 Winnie Drive Colleyville, TX 76034	<b>8</b> Amount of contribution (\$) \$14.16	<b>9</b> In-kind contribution description Bookkeeping Services and Software Subscription <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Managing Director		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) CFO Shield, LLC	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 23/48
<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 02/08/2019	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinkamp, Vanessa	<b>9</b> Loan Amount (\$) \$1.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 1313 Ashford Court  Colleyville, TX 76034	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Educator		<b>13</b> Employer (See Instructions) Tarrant County College
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/17 Rpt: 24/48	<b>2</b> FILER NAME Steinkamp, Vanessa	<b>3</b> Filer ID
<b>4</b> Date 03/25/2019	<b>5</b> Payee name Robbins, Connor	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 7327 Cedar Court  Colleyville, TX 76034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Picking up & transporting political signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2019	Payee name eFundraising Connections	
Amount (\$) \$9.50	Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2019	Payee name eFundraising Connections	
Amount (\$) \$23.00	Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 25/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID
4 Date 02/09/2019		5 Payee name eFundraising Connections		
6 Amount (\$) \$5.00		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/09/2019		Payee name eFundraising Connections		
Amount (\$) \$14.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/10/2019		Payee name eFundraising Connections		
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 26/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 Date 02/10/2019		5 Payee name eFundraising Connections			
6 Amount (\$) \$5.00		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/10/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/10/2019		Payee name eFundraising Connections			
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/17 Rpt: 27/48	<b>2</b> FILER NAME Steinkamp, Vanessa	<b>3</b> Filer ID
<b>4</b> Date 02/10/2019	<b>5</b> Payee name eFundraising Connections	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$5.00	Payee name eFundraising Connections	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$5.00	Payee name eFundraising Connections	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$5.00	Payee name eFundraising Connections	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$5.00	Payee name eFundraising Connections	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$5.00	Payee name eFundraising Connections	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/17 Rpt: 28/48		<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID	
<b>4</b> Date 02/11/2019		<b>5</b> Payee name eFundraising Connections			
<b>6</b> Amount (\$) \$5.00		<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/11/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/11/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/11/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt: 29/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID
4 Date 02/11/2019		5 Payee name eFundraising Connections		
6 Amount (\$) \$2.75		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees  (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name  Office sought  Office held		
Date 02/11/2019		Payee name eFundraising Connections		
Amount (\$) \$23.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees  (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name  Office sought  Office held		
Date 02/11/2019		Payee name eFundraising Connections		
Amount (\$) \$9.50		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees  (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name  Office sought  Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 30/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 Date 02/11/2019		5 Payee name eFundraising Connections			
6 Amount (\$) \$9.50		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/11/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/11/2019		Payee name eFundraising Connections			
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/17 Rpt: 31/48		<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/12/2019		<b>5</b> Payee name eFundraising Connections		
<b>6</b> Amount (\$) \$5.00		<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/12/2019		Payee name eFundraising Connections		
Amount (\$) \$9.50		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/12/2019		Payee name eFundraising Connections		
Amount (\$) \$9.50		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/12/2019		Payee name eFundraising Connections		
Amount (\$) \$9.50		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 32/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 Date 02/12/2019		5 Payee name eFundraising Connections			
6 Amount (\$) \$2.75		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/13/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/14/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/17 Rpt: 33/48		<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/15/2019		<b>5</b> Payee name eFundraising Connections		
<b>6</b> Amount (\$) \$5.00		<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/22/2019		Payee name eFundraising Connections		
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/22/2019		Payee name eFundraising Connections		
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/17 Rpt: 34/48		<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 02/24/2019		<b>5</b> Payee name eFundraising Connections		
<b>6</b> Amount (\$) \$23.00		<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/24/2019		Payee name eFundraising Connections		
Amount (\$) \$1.63		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/24/2019		Payee name eFundraising Connections		
Amount (\$) \$0.95		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 35/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID
4 Date 02/25/2019		5 Payee name eFundraising Connections		
6 Amount (\$) \$11.75		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/26/2019		Payee name eFundraising Connections		
Amount (\$) \$23.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/03/2019		Payee name eFundraising Connections		
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 36/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 Date 03/03/2019		5 Payee name eFundraising Connections			
6 Amount (\$) \$5.00		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/04/2019		Payee name eFundraising Connections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/04/2019		Payee name eFundraising Connections			
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/17 Rpt: 37/48		<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/06/2019		<b>5</b> Payee name eFundraising Connections		
<b>6</b> Amount (\$) \$7.25		<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/08/2019		Payee name eFundraising Connections		
Amount (\$) \$9.50		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/10/2019		Payee name eFundraising Connections		
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/17 Rpt: 38/48	<b>2</b> FILER NAME Steinkamp, Vanessa	<b>3</b> Filer ID
<b>4</b> Date 03/17/2019	<b>5</b> Payee name eFundraising Connections	
<b>6</b> Amount (\$) \$2.75	<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2019	Payee name eFundraising Connections	
Amount (\$) \$23.00	Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2019	Payee name eFundraising Connections	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/17 Rpt: 39/48		<b>2</b> FILER NAME Steinkamp, Vanessa		<b>3</b> Filer ID
<b>4</b> Date 03/20/2019		<b>5</b> Payee name eFundraising Connections		
<b>6</b> Amount (\$) \$2.30		<b>7</b> Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees  <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense eFundraising Transaction Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/21/2019		Payee name eFundraising Connections		
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees  <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense eFundraising Transaction Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/22/2019		Payee name eFundraising Connections		
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees  <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense eFundraising Transaction Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 40/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 Date 03/23/2019		5 Payee name eFundraising Connections			
6 Amount (\$) \$2.75		7 Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/23/2019		Payee name eFundraising Connections			
Amount (\$) \$11.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/24/2019		Payee name eFundraising Connections			
Amount (\$) \$2.75		Payee address; City; State; Zip Code 2831 G Street Suite 120  Sacramento, CA 95816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense efundraising Transaction Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/5 Rpt: 41/48	2 FILER NAME Steinkamp, Vanessa	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 03/06/2019	6 Payee name Designer Graphics
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7 Amount (\$) \$699.21	8 Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Signs 24 x 12 No Grommets
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/06/2019	Payee name Designer Graphics
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Amount (\$) \$927.66	Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Signs 48 x 48
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/5 Rpt: 42/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 03/15/2019		6 Payee name Facebook			
7 Amount (\$) \$25.00		8 Payee address; City; State; Zip Code 1601 S. California Avenue  Palo Alto, CA 94304			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Promotion	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/20/2019		Payee name Goody Goody Liquor			
Amount (\$) \$63.51		Payee address; City; State; Zip Code 4701 Colleyville Blvd # 300  Colleyville, TX 76034			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverages for Kick-Off Campaign Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/5 Rpt: 43/48	2 FILER NAME Steinkamp, Vanessa	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 03/19/2019	6 Payee name Little Giant Printers
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7 Amount (\$) \$817.36	8 Payee address; City; State; Zip Code 7905 Boulevard 26 North Richland Hills, TX 76180
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2019	Payee name Lowe's
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Amount (\$) \$40.05	Payee address; City; State; Zip Code 201 North Kimball Avenue Southlake, TX 76092
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 37 - H Bracket Sign Holders
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 44/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
5 Date 03/20/2019		6 Payee name Lowe's			
7 Amount (\$) \$58.46		8 Payee address; City; State; Zip Code 6200 Long Prairie Road Flower Mound, TX 75028			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 54 - H Bracket Sign Holders	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/08/2019		Payee name ProForma Select			
Amount (\$) \$499.30		Payee address; City; State; Zip Code PO Box 640814 Cincinnati, OH 45264			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 75 - Screen Print Shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/5 Rpt: 45/48	2 FILER NAME Steinkamp, Vanessa	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 03/04/2019	6 Payee name USPS
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7 Amount (\$) \$11.00	8 Payee address; City; State; Zip Code 1501 Hall Johnson Road Colleyville, TX 76034
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps for Thank You Letters
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/19/2019	Payee name Westlake Hardware
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Amount (\$) \$60.37	Payee address; City; State; Zip Code 4701 Colleyville Boulevard, Suite 100 Colleyville, TX 76034
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Driver, Cable Ties
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 46/48		2 FILER NAME Steinkamp, Vanessa		3 Filer ID	
4 Date 03/17/2019		5 Payee name Lowe's			
6 Amount (\$) \$89.63  <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3000 State Highway 121  Euless, TX 76039			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 60 - H Bracket Sign Holders	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/23/2019		Payee name Lowe's			
Amount (\$) \$60.52  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 N. Tarrant Parkway  Keller, TX 76248			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 56 - H Bracket Sign Holders	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/18/2019		Payee name Lowe's			
Amount (\$) \$35.85  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 770 Grapevine Highway  Hurst, TX 76054			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 24 - H Bracket Sign Holders	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By  
- Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 47/48	<b>2</b> FILER NAME Steinkamp, Vanessa	<b>3</b> Filer ID
<b>4</b> Date 03/23/2019	<b>5</b> Payee name Westlake Hardware	
<b>6</b> Amount (\$) \$15.14  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 4701 Colleyville Boulevard, Suite 100  Colleyville, TX 76034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cable Ties
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 48/48

2 FILER NAME  
Steinkamp, Vanessa

3 Filer ID

4 Date  
02/28/2019

5 Name of person from whom amount is received  
Frost Bank

8 Amount (\$)  
\$0.14

6 Address of person from whom amount is received; City; State; Zip Code  
205 Main Street  
PO Box 398  
Frost, MN 56033

7 Purpose for which amount is received  
Interest Earned

☐ Check if political contribution returned to filer